

OFFICE OF THE CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
450 GOLDEN GATE AVENUE
SAN FRANCISCO, CALIFORNIA 94102

OFFICIAL BUSINESS
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RICHARD W. WIEKING
CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA



UNITED STATES
02 1A
000432986
MAILED FRC

Anthony Mills

700171

No 1 11.11.08



CORRECTIONAL TRAINING FACILITY AT SOLEDAD
RETURN TO SENDER NOTIFICATION

REASON ITEM IS BEING RETURNED:

☐ OUT TO COURT

☐ UNAUTHORIZED CORRESPONDENCE

☒ PAROLED

☐ UNABLE TO LOCATE/NO MATCH

Other

☐ HOBBY

7/11/08

14



60

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

Name Murrell Anthony
 (Last) (First) (Initial)

Prisoner Number F60171

Institutional Address SOLEDAD STATE PRISON CORRECTIONAL TRAINING FACILITY
PO BOX 689 - O W 117
SOLEDAD CA 93960

UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA

Anthony Murrell
 (Enter the full name of plaintiff in this action.)

vs.

Case No. _____
 (To be provided by the clerk of court)

B. CURRY WARDEN RES-SUPERIOR

M. EVANS CORRECTIONAL COUNSELOR

ICC COMMITTEE MEMBERS 6 ORT.2

AKESTER FCIAI

(Enter the full name of the defendant(s) in this action)

COMPLAINT UNDER THE
 CIVIL RIGHTS ACT,
 42 U.S.C §§ 1983

MHP

[All questions on this complaint form must be answered in order for your action to proceed.] **(PR)**

I. Exhaustion of Administrative Remedies

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement SOLEDAD STATE PRISON
PO BOX 689 SOLEDAD CA 93960

B. Is there a grievance procedure in this institution?

YES (x) NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES(x) NO ()

D. If your answer is YES, list the appeal number and the date and result of the appeal at

COMPLAINT

each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal 10-18-07 BY PASS

2. First formal level 10-18-07 BY PASS

3. Second formal level 12-13-07 BY PASS

4. Third formal level 12-24-07 SENT 602 OFF TO SACRAMENTO
FOR THIRD LEVEL REVIEW

E. Is the last level to which you appealed the highest level of appeal available to you?

YES (x) NO ()

F. If you did not present your claim for review through the grievance procedure, explain why.

G. Parties

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

ANTHONY MURILLO - F60171 - CUI17 SOLEDAD STATE PRISON
CORR'Y TRAINING FACILITY - CC
P.O. Box 689 - SOLEDAD CA 93960

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

B. CURRY WARDEN RES SUPERIOR, M. EVANS COUNSELOR CCI ASU
G. ORTIZ AD, A. KESTER F.C. (A) CHAIR PERSON W. COHEN C.D. & L.
ICC, COMMITTEE, MEMBERS

III. Statement of Claim

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

ON 7-31-07 WAS PLACED IN SCLDAD STATE PRISON AD-SEE
DUE TO SAFETY CONCERNS FOR A SO CALLED "R" SUFFIX THAT WAS
MISINTERPREATED. ON 11-24-04 I WAS VIOLATED OF PAROLE FOR THESE
CHARGES 1. ABSCONDING, 2. USE OF FIREARMS, 3. SODOMY. AT THE BPT
HEARING I WAS APPOINTED AN ATTORNEY FOR MY HEARING. I PLEADED
GUILTY, ON THESE TWO CHARGES, ABSCONDING, USE OF FIREARMS, THE
SODOMY CHARGE WAS DROPPED BECAUSE OF THESE FACTS
NO POLICE REPORT, NO MEDICAL REPORT, AND NO WITNESS
THAT IS WHY THE CHARGE WAS DROPPED. SENSE THEN I AM
HEAR ON A NEW NUMBER I WAS CHARGED WITH G.T.A THE
COURTS GAVE ME 3 1/2 NOWT ALSO HAVE A "R" SUFFIX ADDED
TO MY FILE'S WHICH WAS ADDED WHEN I CAME BACK TO
PRISON 3 YEARS LATER

IV. Relief

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

WOULD LIKE A THOROUGH INVESTIGATION DONE ON MY BPT HEARING
AND THAT THIS ALLEGED SO CALLED SODOMY CHARGE BE
EXCLUDED FROM MY C-FILE ALSO THAT MY EVANS COUNSELOR
CCI ASU

1 BE HELD LIABLE FOR NOT DOING A THOROUGH INVESTIGATION
2 GOING ON FACTS AND NOT FINDING OF RPT HEARING
3 THAT COULD COST ME MY LIFE WITH "R" SUFFIX ON MY FILE

4 I declare under penalty of perjury that the foregoing is true and correct.

5
6 Signed this 17 day of Jan, 20 08

7
8 Anchony Murrell
9 (Plaintiff's signature)

MHP

(PR)

U.S. District Court Northern California

ECF Registration Information Handout

The case you are participating in has been designated for this court's Electronic Case Filing (ECF) Program, pursuant to Civil Local Rule 5-4 and General Order 45. This means that you **must** (check off the boxes ☒ when done):

- ☐ **1) Serve** this ECF Registration Information Handout on **all** parties in the case along with the complaint, or for removals, the removal notice. DO NOT serve the efiler application form, just this handout.

Each attorney representing a party must also:

- ☐ **2) Register** to become an efiler by filling out the efiler application form. Follow **ALL** the instructions on the form carefully. If you are already registered in this district, do not register again, your registration is valid for life on all ECF cases in this district.
- ☐ **3) Email** (do not efile) the complaint and, for removals, the removal notice and all attachments, in PDF format within ten business days, following the instructions below. You do not need to wait for your registration to be completed to email the court.
- ☐ **4) Access** dockets and documents using **PACER** (Public Access to Court Electronic Records). If your firm already has a PACER account, please use that - It is not necessary to have an individual account. PACER registration is free. If you need to establish or check on an account, visit: <http://pacer.psc.uscourts.gov> or call **(800) 676-6856**.

BY SIGNING AND SUBMITTING TO THE COURT A REQUEST FOR AN ECF USER ID AND PASSWORD, YOU CONSENT TO ENTRY OF YOUR E-MAIL ADDRESS INTO THE COURT'S ELECTRONIC SERVICE REGISTRY FOR ELECTRONIC SERVICE ON YOU OF ALL E-FILED PAPERS, PURSUANT TO RULES 77 and 5(b)(2)(D) (eff. 12.1.01) OF THE FEDERAL RULES OF CIVIL PROCEDURE.

All subsequent papers submitted by attorneys in this case shall be filed electronically. Unrepresented litigants must file and serve in paper form, unless prior leave to file electronically is obtained from the assigned judge.

ECF registration forms, interactive tutorials and complete instructions for efilng may be found on the ECF website: <http://ecf.cand.uscourts.gov>

Submitting Initiating Documents

PDF versions of all the initiating documents originally submitted to the court (Complaint or Notice of Removal, exhibits, etc.) must be **emailed (not efiled)** to the **PDF email box for the presiding judge** (not the referring judge, if there is one) **within 10 (ten) business days** of the opening of your case. For a complete list of the email addresses, please go to: <http://ecf.cand.uscourts.gov> and click on **[Judges]**.

You must include the case number and judge's initials in the subject line of all relevant emails to the court. You do not need to wait for your registration to email these documents.

These documents must be emailed instead of e-filed to prevent duplicate entries in the ECF system. All other documents must be e-filed from then on. You do not need to efile or email the Civil Cover Sheet, Summons, or any documents issued by the court at case opening; note that you do need to efile the Summons Returned.

Converting Documents to PDF

Conversion of a word processing document to a PDF file is required before any documents may be submitted to the Court's electronic filing system. Instructions for creating PDF files can be found at the ECF web site: <http://ecf.cand.uscourts.gov>, and click on **[FAQ]**.

Email Guidelines: When sending an email to the court, the subject line of the email **must** contain the **case number**, **judge's initials** and the **type of document(s)** you are sending, and/or the topic of the email.

Examples: The examples below assume your case number is 03-09999 before the Honorable Charles R. Breyer:

Type of Document	Email Subject Line Text
Complaint Only	03-09999 CRB Complaint
Complaint and Notice of Related Case	03-09999 CRB Complaint, Related Case
Complaint and Motion for Temporary Restraining Order	03-09999 CRB Complaint, TRO

Questions

Almost all questions can be answered in our **FAQs** at **<http://ecf.cand.uscourts.gov>**, please check them first.

You may also email the ECF Help Desk at ECFhelpdesk@cand.uscourts.gov or call the toll-free ECF Help Desk number at: (866) 638-7829.

The ECF Help Desk is staffed Mondays through Fridays from 9:00am to 4:00pm Pacific time, excluding court holidays.

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

Dear Sir or Madam:

Your complaint has been filed as civil case number _____

✓ A filing fee of \$350.00 is now due. If you are unable to pay the entire filing fee at this time, you must sign and complete this court's Prisoner's In Forma Pauperis Application in its entirety. If the application is granted, you will not have to prepay the fee, but it will be taken out of income to your prisoner account in installments.

Your complaint is deficient because you did not pay the filing fee and:

1. _____ you did not file an In Forma Pauperis Application.

2. ✓ the In Forma Pauperis Application you submitted is insufficient because:

✓ You did not use the correct form. You must submit this court's current Prisoner's In Forma Pauperis Application.

_____ Your In Forma Pauperis Application was not completed in its entirety.

_____ You did not sign your In Forma Pauperis Application.

✓ You did not submit a Certificate of Funds in Prisoner's Account completed and signed by an authorized officer at the prison.

✓ You did not attach a copy of your prisoner trust account statement showing transactions for the last six months.

_____ Other _____

Enclosed you will find this court's current Prisoner's In Forma Pauperis Application, which includes a Certificate of Funds in Prisoner's Account form, and a return envelope for your convenience.

Warning: YOU MUST RESPOND TO THIS NOTICE. If you do not respond within **THIRTY DAYS** from the filing date stamped above, your action will be **DISMISSED**, the file closed and the entire filing fee will become due immediately. Filing a prisoner's In Forma Pauperis Application will allow the court to determine whether installment payment of the filing fee should be allowed.

Sincerely,
RICHARD W. WIEKING, Clerk,

By _____
Deputy Clerk

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF CALIFORNIA

3 **INSTRUCTIONS FOR PRISONER'S
IN FORMA PAUPERIS APPLICATION**

4 You must submit to the court a completed Prisoner's In Forma Pauperis Application if
5 you are unable to pay the entire filing fee at the time you file your complaint or petition. Your
6 application must include copies of the prisoner trust account statement showing transactions
for the last six months and a certificate of funds in prisoner's account, signed by an authorized
officer of the institution.

7 **A. Non-habeas Civil Actions**

8 Effective April 9, 2006, the filing fee for any civil action other than a habeas is
9 \$350.00. Even if you are granted leave to proceed in forma pauperis, you must still pay the
full amount of the court's filing fee, but the fee will be paid in several installments. 28 U.S.C.
§ 1915.

10 You must pay an initial partial filing fee of 20 percent of the greater of (a) the average
11 monthly deposits to your account for the 6-month period immediately before the complaint
12 was filed or (b) the average monthly balance in your account for the 6-month period
immediately before the complaint was filed. The court will use the information provided on
13 the certificate of funds and the trust account statement to determine the filing fee immediately
due and will send instructions to you and the prison trust account office for payment if in
14 forma pauperis status is granted.

15 After the initial partial filing fee is paid, your prison's trust account office will forward
16 to the court each month 20 percent of the most recent month's income to your prison trust
account, to the extent the account balance exceeds ten dollars (\$10.00). Monthly payments
17 will be required until the full filing fee is paid. If you have no funds over ten dollars (\$10.00)
in your account, you will not be required to pay part of the filing fee that month.

18 If your application to proceed in forma pauperis is granted, you will be liable for
19 the full \$350.00 filing fee even if your civil action is dismissed. That means the court will
continue to collect payments until the entire filing fee is paid. However, if you do not
20 submit this completed application the action will be dismissed without prejudice and the
filing fee will not be collected.

21 **B. Habeas Actions**

22 The filing fee for a habeas action is \$5.00. If you are granted leave to proceed in
23 forma pauperis you will not be required to pay any portion of this fee. If you are not granted
leave to proceed in forma pauperis you must pay the fee in one payment and not in
24 installments. If you use a habeas form to file a non-habeas civil action, you will be
required to pay the \$350.00 filing fee applicable to all non-habeas civil actions.

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7
8 UNITED STATES DISTRICT COURT
9 NORTHERN DISTRICT OF CALIFORNIA

10
11 Plaintiff,

CASE NO. _____

12 vs.

13 PRISONER'S
14 APPLICATION TO PROCEED
15 IN FORMA PAUPERIS

16 Defendant.

MHP
(PR)

17 I, _____, declare, under penalty of perjury that I am the
18 plaintiff in the above entitled case and that the information I offer throughout this application
19 is true and correct. I offer this application in support of my request to proceed without being
20 required to prepay the full amount of fees, costs or give security. I state that because of my
21 poverty I am unable to pay the costs of this action or give security, and that I believe that I am
22 entitled to relief.

23 In support of this application, I provide the following information:

24 1. Are you presently employed? Yes ____ No ____

25 If your answer is "yes," state both your gross and net salary or wages per month, and give the
26 name and address of your employer:

27 Gross: _____ Net: _____

28 Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
2 salary and wages per month which you received. (If you are imprisoned, specify the last
3 place of employment prior to imprisonment.)

4 _____
5 _____
6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
8 following sources:

9 a. Business, Profession or Yes ____ No ____
10 self employment

11 b. Income from stocks, bonds, Yes ____ No ____
12 or royalties?

13 c. Rent payments? Yes ____ No ____

14 d. Pensions, annuities, or Yes ____ No ____
15 life insurance payments?

16 e. Federal or State welfare payments, Yes ____ No ____
17 Social Security or other govern-
18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
20 received from each.

21 _____
22 _____

23 3. Are you married? Yes ____ No ____

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support:\$ _____

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).
 5 _____
 6 _____

7 5. Do you own or are you buying a home? Yes ____ No ____

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ____ No ____

10 Make _____ Year _____ Model _____

11 Is it financed? Yes ____ No ____ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ____ No ____ (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____

15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes ____ No ____ Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ____ No ____
 20 _____

21 8. What are your monthly expenses?

22 Rent: \$ _____ Utilities: _____

23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

25 Name of Account Monthly Payment Total Owed on This Acct.

26 _____ \$ _____ \$ _____

27 _____ \$ _____ \$ _____

28 _____ \$ _____ \$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)
3 _____
4 _____

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ____ No ____

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.
9 _____
10 _____

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.
15 _____
16 _____

17 DATE

SIGNATURE OF APPLICANT

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of _____ for the last six months
[prisoner name]
_____ where (s)he is confined.

[name of institution]
I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]